

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90717 028 \*\*\*\*61.25

**DOCUMENT # N33558**

1. Entity Name

**CALAIS AT PELICAN BAY CONDOMINIUM ASSOCIATION, I  
 NC.**

Principal Place of Business

Mailing Address

7064 PELICAN BAY BLVD  
 NAPLES FL 33963  
 US

7064 PELICAN BAY BLVD  
 NAPLES FL 33963  
 US

2. Principal Place of Business

3. Mailing Address

1044 Castello Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 Suite 206

City & State

City & State  
 Naples FL

4. FEI Number

65-0140782

Applied For

Not Applicable

Zip

Country

Zip

Country

34103

USA

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROCK, HERBERT  
 C/O BECKER & POLIAKOFF  
 3003 TAMiami TRR N #210  
 NAPLES FL 34103**

Name  
**Southwest Property Management Corp.**

Street Address (P.O. Box Number is Not Acceptable)  
 1044 Castello Drive

Suite 206

City  
 Naples

FL

Zip Code  
 34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Herbert Williams Pres Southwest Property Mgt. Corp.* 4/16/02

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, KEN	
STREET ADDRESS	7048 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDERS, TOM	
STREET ADDRESS	7048 PELICAN BAY BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONNELL, COLEMAN J.	
STREET ADDRESS	7024 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDREW, CHARLES	
STREET ADDRESS	7008 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAHNIKE, RICHARD	
STREET ADDRESS	7008 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	McKAY, DONALD	
STREET ADDRESS	33 HILLCREST RD	
CITY-ST-ZIP	BELMONT, MA 02178	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Tom Sanders</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>C. J. Connell</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Richard Dahnike</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Donald McKay M.D.</i>
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Herbert Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5-1-02

Date

941 566 2145

Daytime Phone #

CR2E037 (9/01)